emplete and send his form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

<u>Susan S. Rickard</u>

or <u>Fax</u> (703) 746-4000

INSTRUCTIONS: This firm should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate the first correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated under corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

04/25/2005

Chief Patent Counsel
United States Surgical
Division of Tyco Healthcare Group LP
150 Glover Avenue
Norwalk, CT 06856

07/19/2005 TBESHAH2 00000010 210550 09964901

01 FC:1501 1400.00 DA 02 FC:1504 300.00 DA 03 FC:800 LICATION NO. 6.00 DA

09/964.901

.00 DA FILING DATE

09/27/2001

FIRST NAMED INVENTOR

Mark S. Roby

ATTORNEY DOCKET NO.

CONFIRMATION NO.

(Depositor's name

(Signatore

(Date

2788

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

3223

TITLE OF INVENTION: SILICONIZED SURGICAL NEEDLES AND METHODS FOR THEIR MANUFACTURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	07/25/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	7	
CAMERON, ERMA C		1762		427-002100	<i>.</i>	
CFR 1.363).  Change of correspond Address form PTO/SB/Address form PTO/SB/ED/TO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AN PLEASE NOTE: Unler recordation as set forth  (A) NAME OF ASSIGNETY.	in 37 CFR 3.11. Completion NEE hcare Group, LP	Correspondence ation form e of a Customer  BE PRINTED ON T clow, no assignee of this form is NOT	(1) the na or agents (2) the na registered 2 registered listed, no THE PATEN data will app a substitute (1) RESIDENG NOTWA	pear on the patent. If an assig	a member a 2 mes of up to f no name is 3  nee is identified below, the DUNTRY)	
4a. The following fee(s) ar			. Payment of			
Issue Fee			A check in the amount of the fee(s) is enclosed.			
Publication Fee (No small entity discount permitted)		ed)	Payment by credit card. Form PTO-2038 is attached.			
Advance Order - #	of Copies2		The Dir Deposit Acc	ector is hereby authorized by count Number 21-0550	charge the required fee(s), o	r credit any overpayment, to copy of this form).
,,	s (from status indicated abov SMALL ENTITY status, See	•	Ü b. Appli	cant is no longer claiming SMA	ALL ENTITY status. See 37	CFR 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and interest as shown by the re	O is requested to apply the Iss Publication Fee (if required) cords of the United States Par	ue Fee and Publicat will not be accepted that and Trademark	tion Fee (if a l from anyon Office.	ny) or to re-apply any previouse other than the applicant; a re-	sly paid issue fee to the appli- gistered attorney or agent; or	cation identified above. the assignee or other party in
Authorized Signature _	Sum Dle	In.		Date	July 13, 200	5
Typed or printed name					n No. <u>43,747</u>	
This collection of informat	tion is required by 37 CFR 1	311. The information	n is required	to obtain or retain a benefit by	the public which is to file (a	nd by the USPTO to process

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



Docket No. 2788

(203-2854)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Mark S. Roby

Serial No:

09/964,901

Filed:

09/27/2001

Examiner:

Erma C. Cameron

Group Art Unit:

1762

For:

SILICONIZED SURGICAL NEEDLES AND METHODS FOR THEIR

**MANUFACTURE** 

Mail Stop Issue Fee Commissioner For Patents PO Box 1450 Alexandria, VA 22313-1450

## **CERTIFICATE OF MAILING**

Date of Deposit: July 19, 2005 I hereby certify that the following:

[x] This Certificate of Mailing

[x] Part B-Fee Transmittal (1 page) + two copies

[x] Return Postcard

are being deposited with the United States Postal Services under 37 CFR Section 1/10 on the Date of Deposit indicated above in an envelope addressed to Mail Stop Issue Fee, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

Susan S. Rickard

U.S. Surgical, a division of TYCO HEALTHCARE GROUP LP 150 Glover Avenue Norwalk, Connecticut 06856 (203) 845-4489